

PROGRAM EXPENSES
Schedule P1
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Type of Program

(Check One)

- | | |
|--|-----------|
| | Alcohol |
| | Drug |
| | Perinatal |
| | Parolee |

PROPOSITION 36 USE ONLY

MODE OF SERVICE

DATE

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Title of Position/ Staff Classification Number (List each non-consultant position working on contract)	Monthly Salary	% of Time Employed By Agency	% of Time Spent on Contract Services	% of Time Spent on Direct Services	Total Annual Salary	Actual Expenditures ODF Individual (From Financial Records)	Actual Expenditures ODF Group (From Financial Records)	County Approved Budget	I - (G+H) Variance
Subtotal (Include in Subtotal on Page 1)									